DOCUMENT RESUME

ED 338 998 CG 023 819

AUTHOR Diamond, Pamela M.; Schnee, Steven B.
TITLE Lives in the Shadows: Some of the Costs and Consequences of a "Non-System" of Care.
INSTITUTION Texas Univ., Austin. Hogg Foundation for Mental Health.
PUB DATE 91
NOTE 44p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Delivery Systems; *Drug Abuse; *Homeless People; *Human Services; Individual Needs; *Mental Disorders; *Violence

ABSTRACT

This report focuses on repeat users of multiple community services who, because of their tendency to move in and out of mental health clinics, jails, and hospitals, are referred to as "revolving door clients." It notes that the costs of providing services to these individuals are staggering and that this population consumes a vast amount of the resources available through a community's human service delivery systems. A study is described that followed 21 homeless men in a southwestern city to trace their coping styles and strategies for survival, and that documented the cost in public funds and staff time required to provide for these men. It is noted that the subjects, chosen by the city police department because they had been arrested frequently on misdemeanor charges due to chemical use and presented a substantial risk of potential violence in the community, either to themselves or to others, were followed for 2.5 years, as investigators attempted to identify the different agencies that the men used. Many current practices for dealing with multiple-problem chronic individuals are examined and communities and states are encouraged to reexamine present methods and introduce changes in dealing with this crisis most cost-effectively. The report concludes that a system of care is needed that specifically addresses the multidimensional needs of this group of high-risk individuals. (NB)

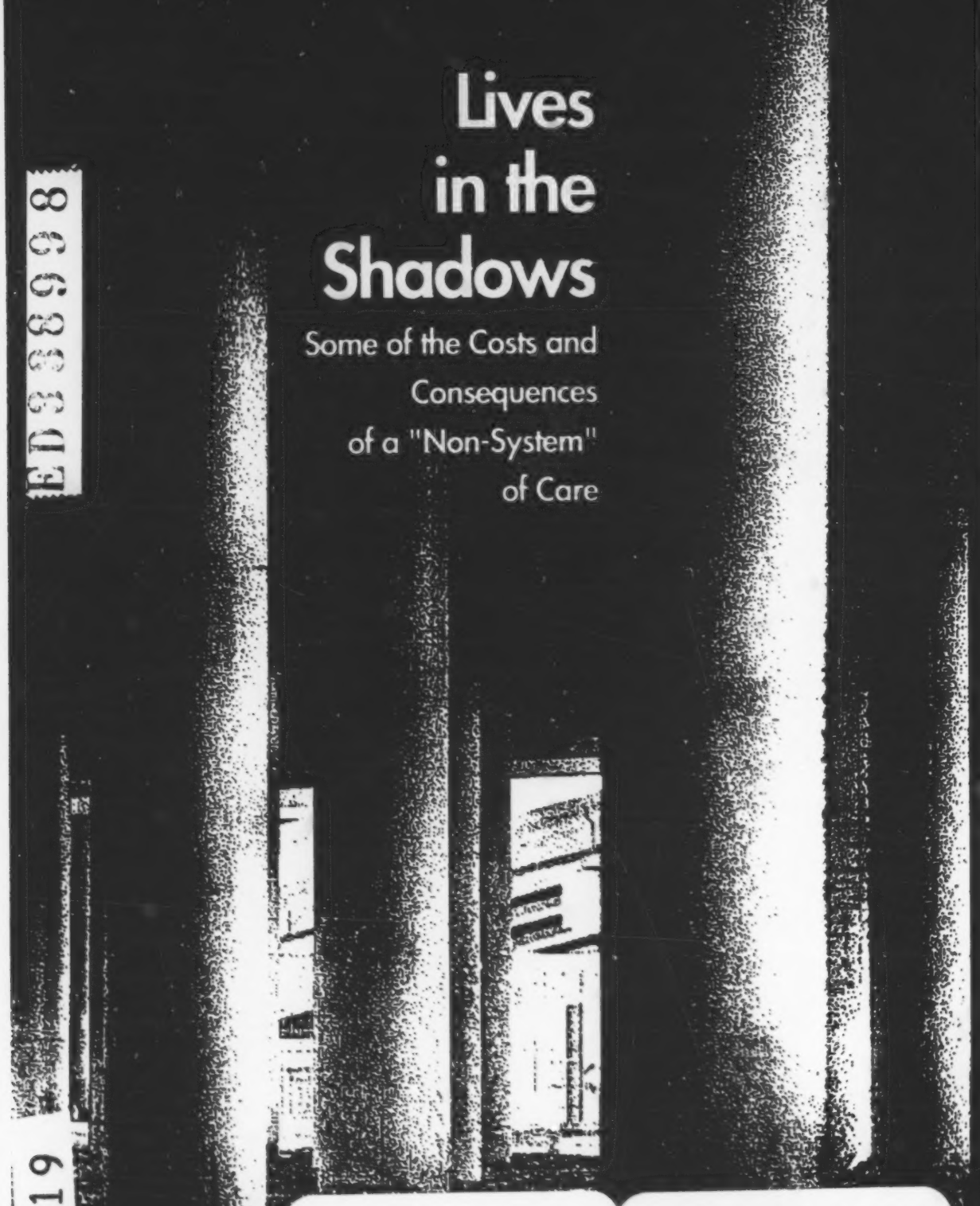
****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED338998

CG023819

Lives in the Shadows

Some of the Costs and Consequences of a "Non-System" of Care



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

C. Warren

BEST COPY AVAILABLE

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Design by Pam Fuller
Photography by Mike Treuter,
The University of Texas Health Science Center at San Antonio

Lives in the Shadows

Some of the Costs and Consequences of a "Non-System" of Care

Pamela M. Diamond
Steven B. Schnee

© Hogg Foundation for Mental Health 1991
The University of Texas
Austin, Texas 78713-7998

About the Authors

Pamela M. Diamond, M.A., is a research associate with the Hogg Foundation for Mental Health and a doctoral candidate in the Department of Educational Psychology at the University of Texas where her specialty is in quantitative methods. She began her work at the Foundation in 1987 as an Evaluation Research Fellow, working primarily with the Foundation's Commission on Community Care of the Mentally Ill.

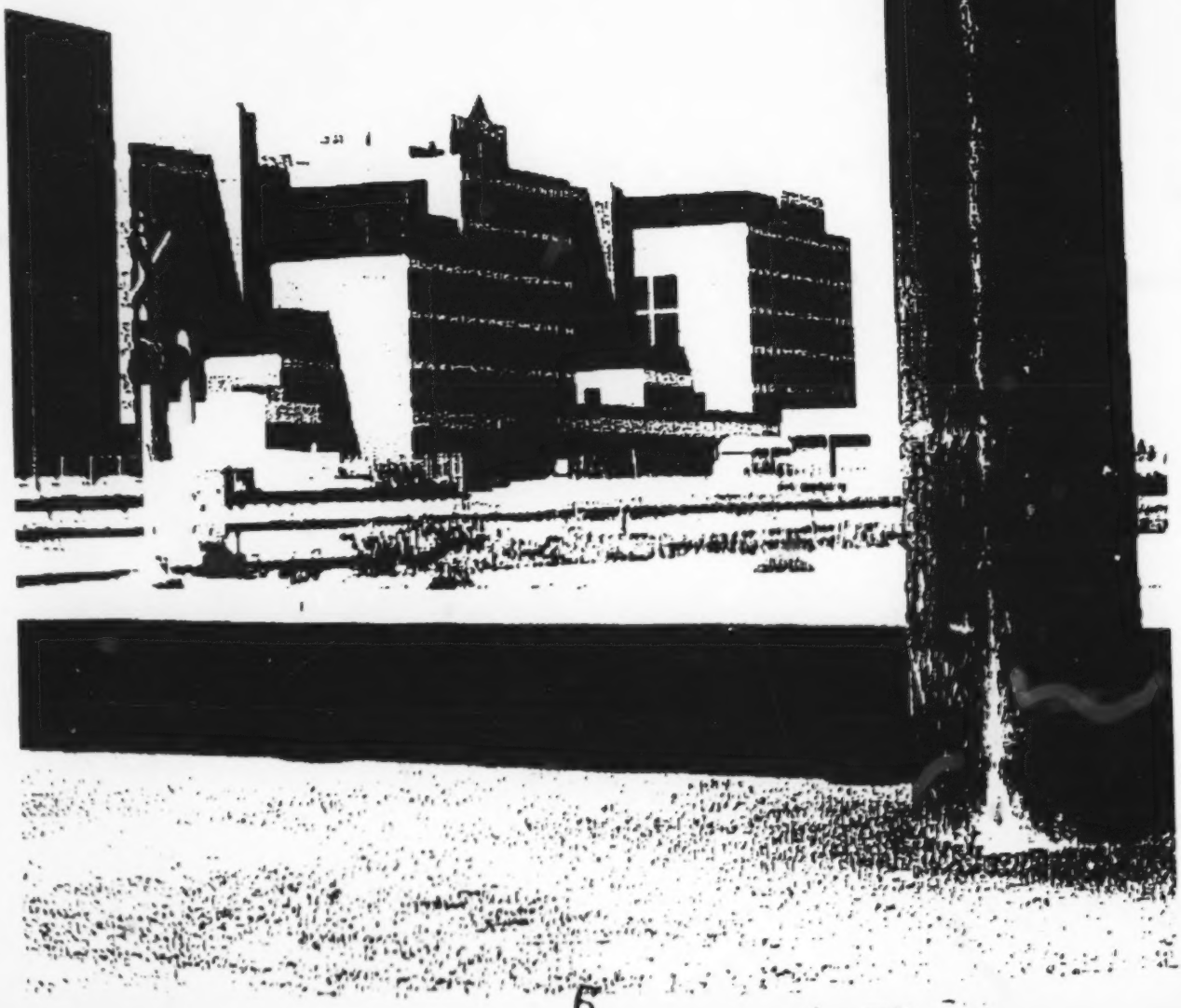
Steven B. Schnee, Ph.D. is the superintendent of the San Antonio State Hospital and was a member of the Hogg Foundation's Commission on Community Care of the Mentally Ill. Prior to assuming his position as superintendent in 1987, Dr. Schnee was the executive director of the Central Counties Center for Mental Health and Mental Retardation Services in Temple, Texas.

Acknowledgments

The authors would like to thank especially all of those individuals who helped to make this project a reality by sharing their data, their time and their expertise. We would like also to acknowledge the work of Frank I. Smith who was the research assistant for this project.

They live in the shadows of the massive, modern, overcrowded county jail that is so often their "home away from home." The bridges and overpasses of the city streets and freeways provide them with some shelter from the elements during the day, and all too often during the night as well.

The homeless – the mentally ill – the public inebriate; all of these categories tend to conjure up images, fears, perceptions and misperceptions. We hear a lot about the homeless. We know that some of them are mentally ill, and some spend time in jail. What we don't know is much about how they live – their needs, how they find ways of satisfying these needs, and the impact of their lives on others beyond an occasional meeting on the street.



Foreword

This report represents an innovative approach to the clarifications of the pattern of service delivery systems and paths to treatment of persons with multiple problems such as mental illness, drug abuse, and violent behavior. They bounce in and out of community facilities both public and private, consuming an enormous amount of time and resources of the criminal justice, mental health, and public health systems. Individuals and families with multiple problems are not a new phenomenon, but the authors do break new ground in their attempt to assess the economic costs of such problems, trying to determine what agencies pay for what services and how much.

Although the sample here is relatively small, the results are clear. The costs are staggering, because there presently does not exist any type of agency or system empowered to meet the needs of these individuals. Our imaginations are taxed if we even try to estimate the billions of dollars spent endeavoring to help the types of persons described in this publication. They exist in every city, large and small. The authors are to be complimented for not stopping at the amassing of figures alone, which is a difficult task in itself. They also impart to the reader a "feel" for the coping styles and strategies for survival of these persons. They communicate the effects of deinstitutionalization, homelessness, mental illness, alcohol and drug abuse, and lack of access to health facilities.

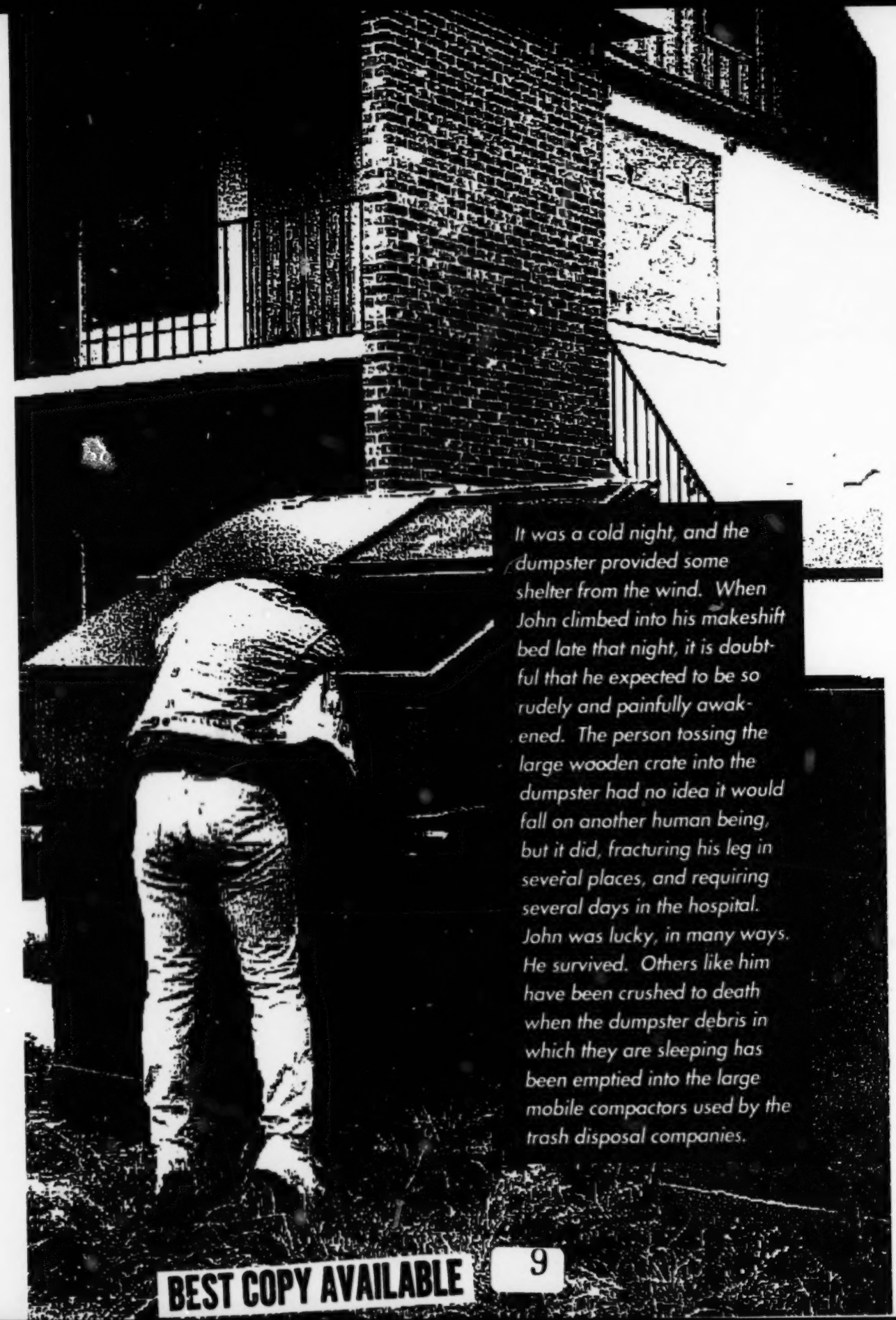
The research points out areas for further study and the need to replace the current "non-system" with genuine collaborative efforts within and between human service delivery systems. The

concepts of asylum and sanctuary are in need of reconsideration. The authors appropriately call on communities and state programs to reexamine their current procedures in dealing with multiple problem chronic individuals. Besides the humanistic considerations, the huge financial drains must be taken into account, especially in these times of budget cutbacks and the decrease in federal and state support to the human service areas.

The Hogg Foundation has provided support for this study as it has sought to identify individuals with histories in the mental health and criminal justice system and to assess the costs to those systems and others. The findings hold promise for serving as a catalyst for communities across the United States to reexamine their current procedures and introduce changes in dealing with this "crisis."

This publication fits well one of the Hogg Foundation's main missions—to call attention to that which must be addressed in constructive and innovative ways for the benefit of all concerned.

Ira Iscoe
Chairman,
Hogg Foundation Commission
on Community Care of the Mentally Ill



It was a cold night, and the dumpster provided some shelter from the wind. When John climbed into his makeshift bed late that night, it is doubtful that he expected to be so rudely and painfully awakened. The person tossing the large wooden crate into the dumpster had no idea it would fall on another human being, but it did, fracturing his leg in several places, and requiring several days in the hospital. John was lucky, in many ways. He survived. Others like him have been crushed to death when the dumpster debris in which they are sleeping has been emptied into the large mobile compactors used by the trash disposal companies.

BEST COPY AVAILABLE

Lives in the Shadows

In the past, most studies of the "revolving door" client have focused on the extensive use of a single system of care. Studies have concentrated either on high users of mental health services (1-4) or frequent users of local jails and public detoxification centers (5,6). The individuals using these different services have many similarities. They repeatedly present themselves for services, respond poorly to existing intervention efforts, often have serious problems with chemical abuse, and they are occasionally homeless.

Persons who have come to be known as the "new chronic" or "young adult chronic" are represented in significant numbers among the high users of mental health services (7-12). These "new chronics" tend to use inpatient psychiatric facilities often but stay for only a short time. They frequently miss outpatient appointments, are perceived as "difficult" by service providers, and generally respond poorly to intervention efforts . Substance abuse is common and complicates their care. Many are homeless. Some of these people also have a history of arrests, usually for minor crimes. Those with such a history of legal involvement tend to be repeat offenders.

Individuals who are frequently brought in to public detoxification centers and/or local jails are often characterized by their excessive use of alcohol or drugs, a living situation that is classified as homeless, and a pattern of routine, minor infractions of the law (5-6,13). They panhandle in areas where they know it is illegal, burglarize coin-operated machines of various sorts to obtain spending money, may urinate in public when no public facility will

BEST COPY AVAILABLE

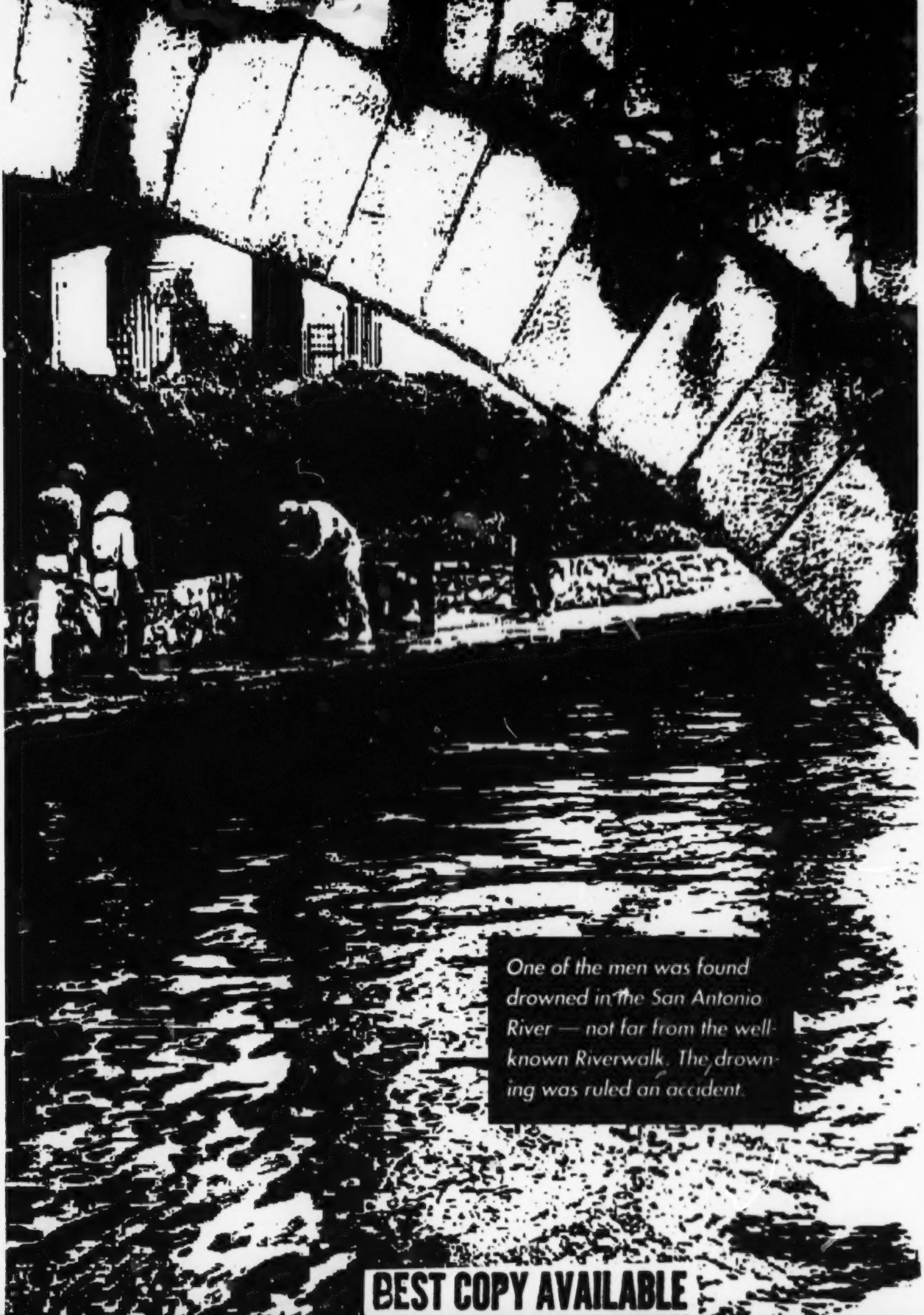
admit them, often drink to excess, and are, in general, perceived as a public nuisance (5,14).

Some of these people who have a history of frequent mental health care and/or jail use may also be dangerous to themselves and to others (15). In Texas cities, several recent incidents of violence involving the mentally ill or chemically involved have ended tragically. In San Antonio, four people were shot by a person who had a long history of hospitalizations and arrests (16). Another patient with multiple hospitalizations was accused of arson in a serious San Antonio apartment fire (17). In Dallas, a man with an 18-year history of mental illness and difficulties with the law was responsible for killing a police officer before he himself was killed by police responding to the situation (18).

Many of these various "revolving door" clients may access or utilize an array of health and human service systems. Although there have been many separate studies of high users of these various individual systems and some discussion of the overlap between services, most of the investigations have limited their coverage to one system of care, such as mental health or criminal justice, with some brief mention of other services accessed, such as health care or shelters. The current retrospective study is a preliminary effort to document carefully the service pattern — both services used and frequency of use — of a small group of individuals who were known high users of at least one system of care. These people were also suspected of being at risk to society of violent or aggressive acts, either to themselves or others, based on their history with the local law enforcement system.

Some History

The study described in this booklet was undertaken during late 1989 and early 1990 in San Antonio, Texas, a city of about a million people located in Bexar County in the South Central part of the state. Its population is ethnically varied with a population that is 44 percent Anglo, 7 percent African-American, and 48 percent Hispanic



One of the men was found drowned in the San Antonio River — not far from the well-known Riverwalk. The drowning was ruled an accident.

BEST COPY AVAILABLE

(19). Although the city itself covers a wide area within Bexar County, this study focused on those individuals who were found most frequently in the central downtown area.

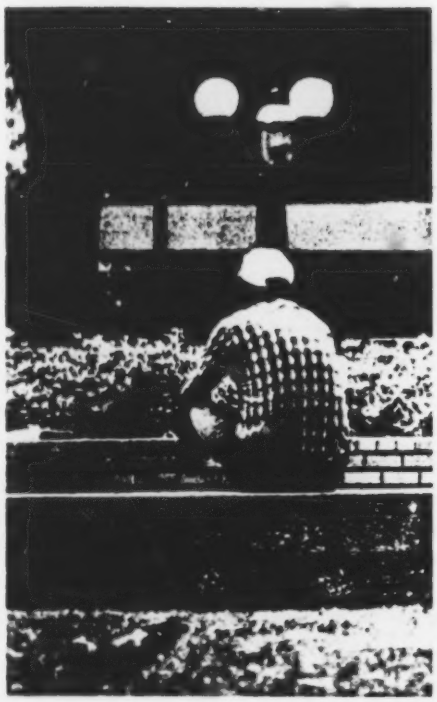
This city is known for its many tourist attractions including the Alamo, the HemisFair Plaza, and the Riverwalk along the San Antonio River, all in the central section of the city. A special component of the San Antonio Police — the Downtown Foot Patrol — oversees this area, and its primary focus is to keep the area safe for the tourists, businesses and citizens. Officers frequently remove transients from the streets and discourage panhandling and other practices that might affect the tourist trade. Public intoxication is the most common charge brought by the foot patrol officers, and the city has established a short-term detoxification center for these arrestees. Individuals brought in on nonalcohol related charges are taken to the county jail for detention, which is located in the west central part of the city.

Few major crimes are committed in this area; however, the number of misdemeanor arrests is high. In fact, the foot patrol, which covers only about two square miles, operates two shifts with 15 officers on during the day (10:00 A.M. to 6:00 P.M.) and 21 officers at night (6:00 P.M. to 2:00 A.M.) (20). Although most of the crimes are minor, the arrest process itself sometimes precipitates violent, unpredictable behavior by the person being arrested. One foot patrol officer was killed in 1988 while attempting to take a man into custody for an alcohol-related crime (20).

In response to these events and concerns, representatives of the police and the mental health system formed a special collaboration work group to discuss alternative approaches to the treatment of those frequently arrested individuals with a history of substance abuse who, in many cases, had psychiatric problems as well. The groups involved in this discussion hoped that a more integrated and effective approach to treatment could be achieved by heightening cooperative efforts between mental health providers and law enforcement and carefully determining the service needs of these individuals.

The Study

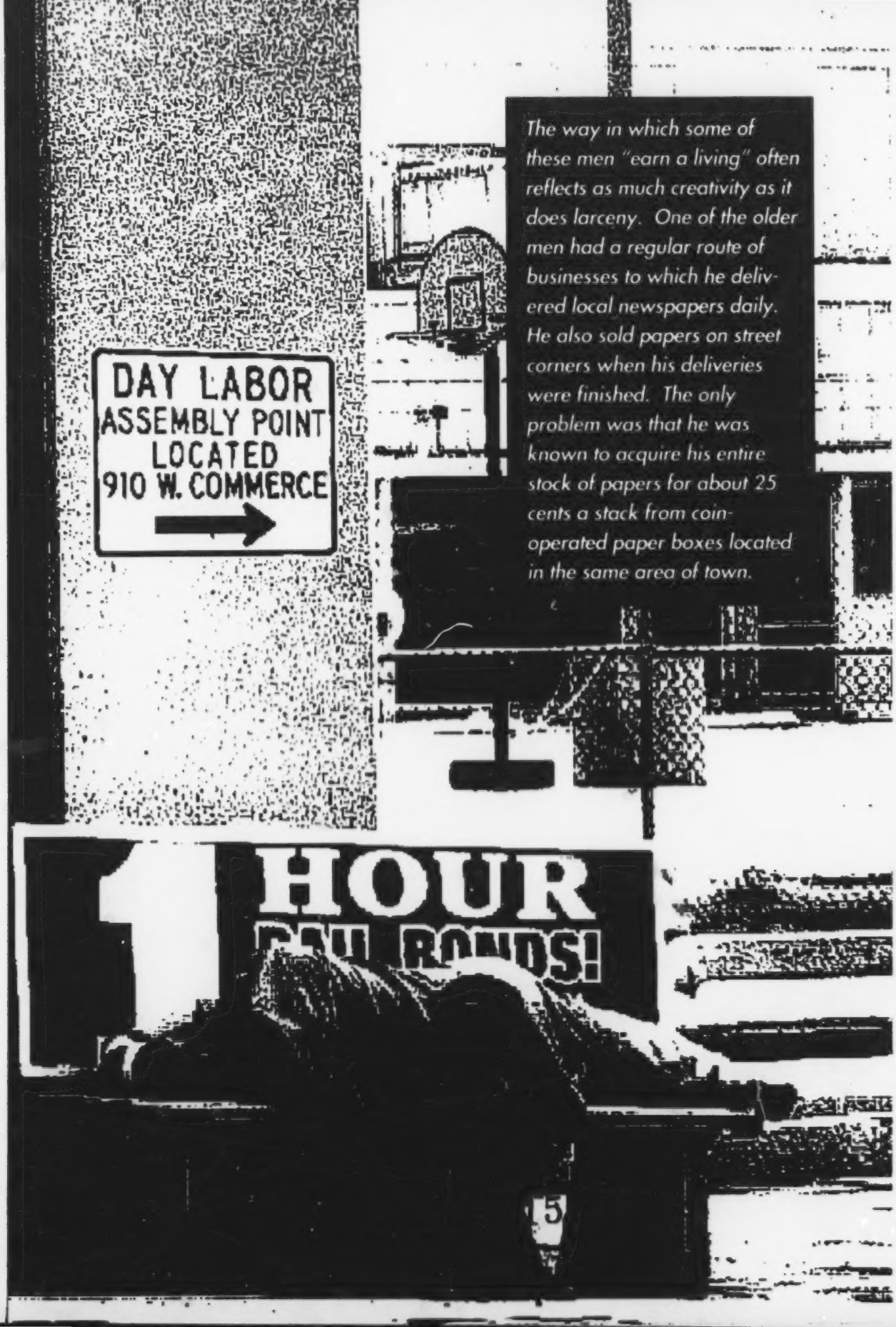
At the beginning of the study, researchers asked the San Antonio Police[1] to select approximately 24 individuals who met two criteria. First, they wanted people who were arrested frequently on misdemeanor charges due to chemical use. Second, in order that the sample represent the most seriously impaired of those persons, they requested that police name individuals that they felt presented a substantial risk of potential violence in the community, either to themselves or others. From a group of approximately 100 persons who were well known to them through their frequent arrests, the police provided a sample of 21 men for the study.



Investigators attempted to identify as many as possible of the different agencies that the 21 men used during a two and one-half year period (January 1, 1987 through July 31, 1989). The goal of the search was to obtain a complete record of each man's service use over that period. To accomplish this, both computer and paper records were checked at the various facilities using multiple identifiers for each client. This was often a challenge because many of the men were known by several aliases, used multiple Social Security numbers, and reported several different dates of birth. Often leads obtained from the records of one office would lead to inquiries about another previously unsuspected provider. In all, 17 different agencies were found to have made services available to the men in the study. Several of these programs offered assistance from multiple sites within the city.

In addition to the information on the types of assistance used by the men, each agency was asked to provide an estimate of the costs associated with the various services accessed by this sample. Social

BEST COPY AVAILABLE



The way in which some of these men "earn a living" often reflects as much creativity as it does larceny. One of the older men had a regular route of businesses to which he delivered local newspapers daily. He also sold papers on street corners when his deliveries were finished. The only problem was that he was known to acquire his entire stock of papers for about 25 cents a stack from coin-operated paper boxes located in the same area of town.

histories were compiled from both agency records and interviews with the caregivers.

Findings

The study began with a number of different goals. The first was to define better the health and human service utilization patterns of this small sample of volatile, "at risk" persons and try to assess the financial impact on society of their use of these systems of care. Patterns of use were also of interest, and some of these findings will be described below. In addition to these rather concrete goals, researchers hoped that by focusing on this small group of men, getting to know more about their life style, their needs and how they went about meeting these needs, they could begin to put some faces to the numbers generated by this study and others. They wanted to focus as much on the people as on the problem and thus stimulate more interest and efforts on the part of policy makers, planners and others who are in a position to implement or advocate for changes in the way services are made available to these men and others like them.

Demographics

The ethnic composition of the sample was diverse and somewhat consistent with that of the San Antonio area. Almost half of the men (47.6 percent) were Hispanic. The other half was fairly evenly divided between Anglos (28.6 percent) and African Americans (23.8 percent). Over half (57.1 percent) reported being native Texans, while the remainder came from a variety of different states and two foreign countries (Panama and Mexico). Seven of the men were military veterans. All but one of the veterans served in the Vietnam era, but there was no information about whether any of them saw combat during that time.

Information on educational level and marital status was available for only 12 of the men. Only two were high school graduates. However, two others had received the General Educational De-

velopment Certificate (GED). Four dropped out of school before ninth grade, and two reportedly dropped out in elementary school. Consistent with the overall low educational level of these individuals, their reported job skills were primarily in the unskilled labor category.

Only four of the men had ever been married. In fact, little evidence existed of any family involvement currently for these men. The minimal information available about family history revealed much poverty, disruption from death and divorce at an early age, and alcoholism in the family. Many of the men also reported that they began drinking early in adolescence.

Services and Associated Costs

Four basic categories of services were used by the men: criminal justice, mental health, health care, and basic life support. Some of the men accessed care from as many as 11 different providers over the time of the study, and the median number of different systems used per person was seven. Inquiries confirmed service usage from 16 different agencies/facilities within the basic categories[2]. The Appendix provides a complete breakdown on these estimated costs and documents the methods used to estimate them. The one agency from which direct costs were not available was the Texas Employment Commission.

Overall, the study showed that almost three-quarters of a million dollars were spent providing services to the 21 men in the study over the two and one-half years that were documented. As shown in Figure 1, the men were involved with criminal justice the most frequently, and that use accounted for almost three-quarters of the total costs that could be determined. Of the 1398 arrests which were documented, 870 were for public intoxication. Only ten of the arrests were for felonies, and two of the individuals

BEST COPY AVAILABLE

arrested on these felony charges were ultimately sent to the Texas Department of Corrections (TDC). The typical length of stay in the local jail facilities was about one day.

Health care services represented the next largest portion of the documented costs. The men used emergency room and walk-in services the most frequently, but these were not the most costly of the health care services. Inpatient stays, on the other hand, were typically long and expensive. These hospital stays were usually trauma-related (knife wounds, accidents), and the men often underwent multiple surgeries while there.

Crisis intervention including short-term inpatient care in the community and, for four of the men, case management services were provided by the Community Mental Health Center. These services were primarily short-term, and the average contact with the CMHC lasted 38 hours. The State Hospital provided both short- and long-term care to seven of the men during the time of the study. Five others had been hospitalized in the State Hospital prior to the study, however. The overall average length of stay in the State Hospital during the study period was 16 days. The Alcohol Rehabilitation Center (ARC) provided care to two of the men. One, however, stayed in this program only three days.

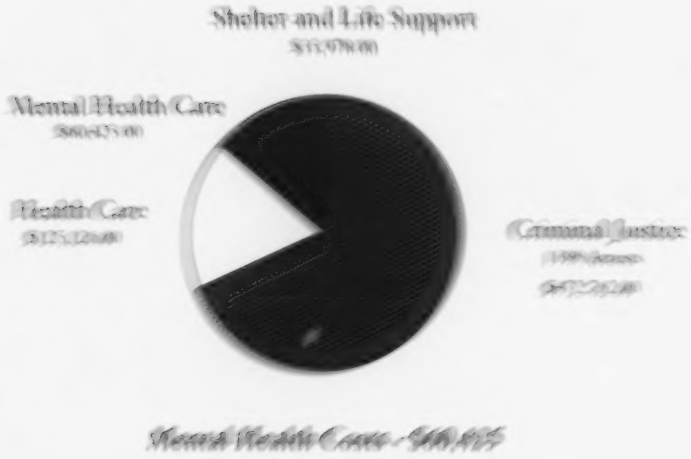
Eighteen of the men spent time in one of the overnight shelters during the period. Only three recipients of Social Security benefits (SSI/SSDI) could be confirmed; however, two other men reportedly received some type of government check according to police who know them. The employment service is used infrequently by this group, and referrals are even less common. No information was available on whether any of the known referrals resulted in employment.

As can be seen graphically in Figure 1, the men most frequently

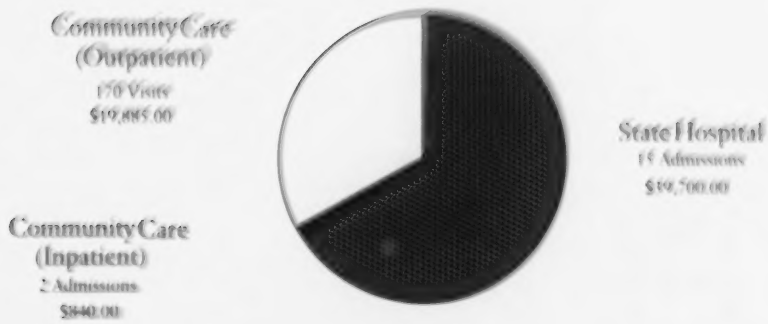
BEST COPY AVAILABLE

Figure 1
Costs by Services

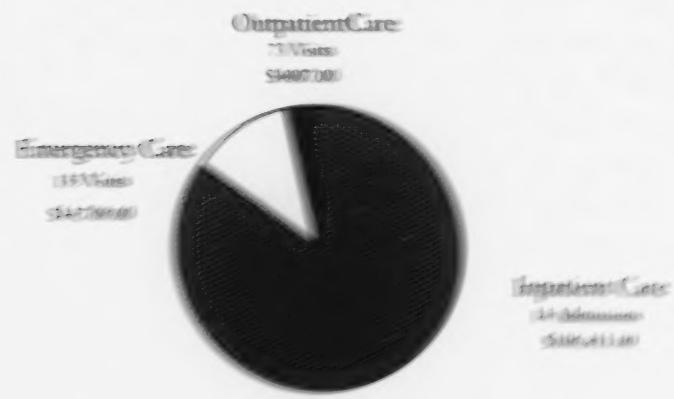
Total Costs - $694,291

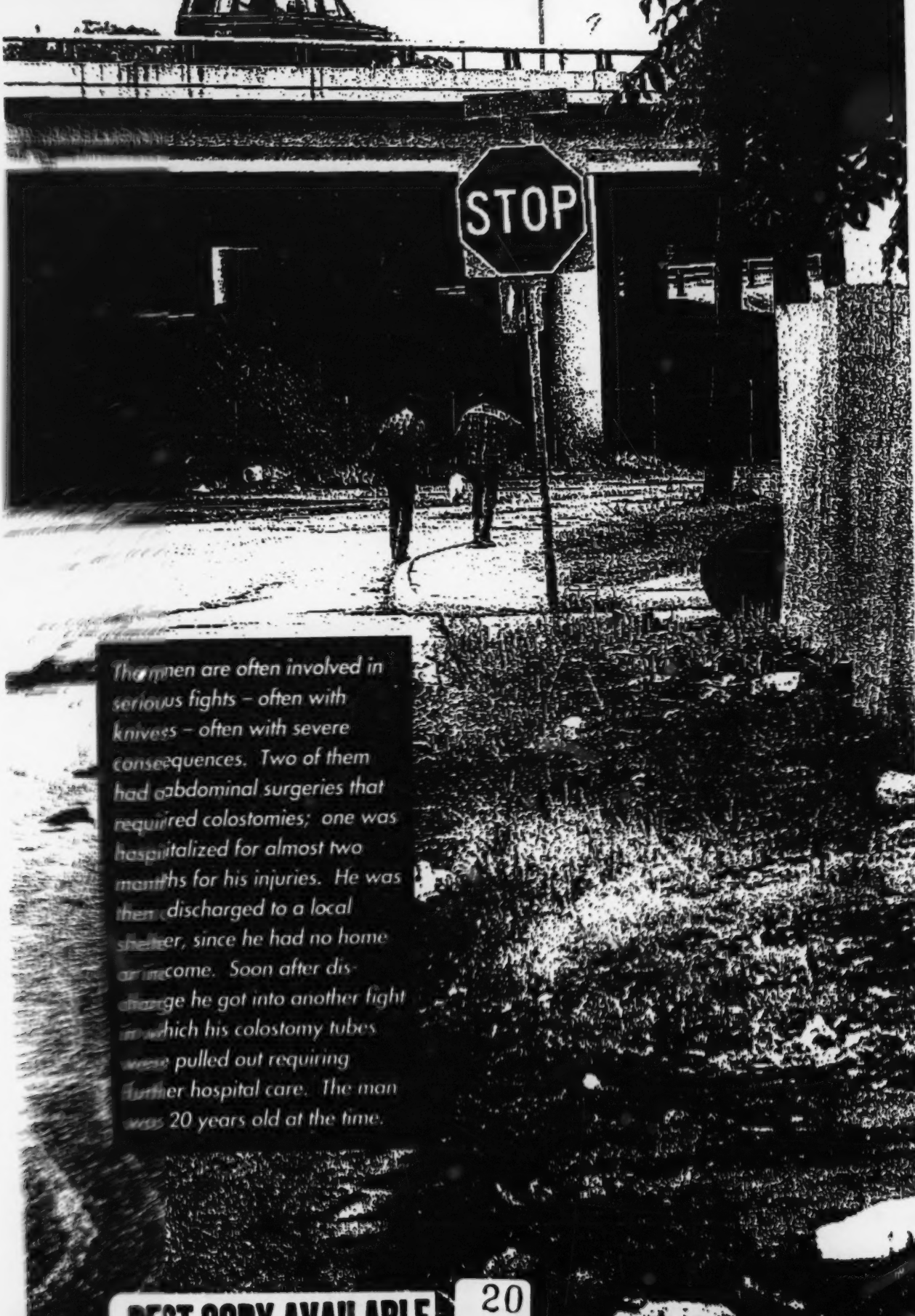


Mental Health Costs - $60,825



Health Costs - $125,126





These men are often involved in serious fights – often with knives – often with severe consequences. Two of them had abdominal surgeries that required colostomies; one was hospitalized for almost two months for his injuries. He was then discharged to a local shelter, since he had no home or income. Soon after discharge he got into another fight in which his colostomy tubes were pulled out requiring further hospital care. The man was 20 years old at the time.

BEST COPY AVAILABLE

used the system that was also the most highly coercive and nontreatment oriented of those accessed – the jails and detox centers. In addition, within the nonjail service systems, the bulk of the services were provided in the most restrictive and costly settings.

Patterns of Use

Researchers were interested in determining if the men showed any consistent patterns of jail use over time. In order to find this, the number of days in jail per month for each of the men in the study was determined and plotted on a graph[3]. Any external changes in the individual's life that might be expected to impact his jail use, such as long-term commitment for mental health care or serious injuries requiring extensive inpatient hospitalization, were noted on that graph. Lines were then drawn to represent the average level of jail use both before and after any of these life events. These lines were inspected for both stability within each uninterrupted time span and change that was coincident with any of the external events noted on the graph[4].

Figures 2a and 2b are examples of some of the patterns exhibited over time by the men in the study. The first (2a) illustrates the pattern shown by one man. He spent, on the average, about five days in jail every month throughout the study. Although his use varied from month to month, there is no evidence of either an increase or decrease in the average use over time. The second figure (2b) is a little different, illustrating the disruption of a once stable pattern of incarceration after intensive inpatient psychiatric care. The man represented here spent about nine days in jail every month, with no sign of any change in that pattern until after he spent time in the State Hospital. After his 75 days in treatment, he resumed a stable pattern of jail use but at a much lower level —less than one day a month.

These two graphs illustrate the most common pattern found — a pattern that is best described by a line that is quite level across time. In fact, the usage patterns of 16 of the men were character-

Figure 2a
Monthly Jail Use for a Man with a Stable Usage Pattern

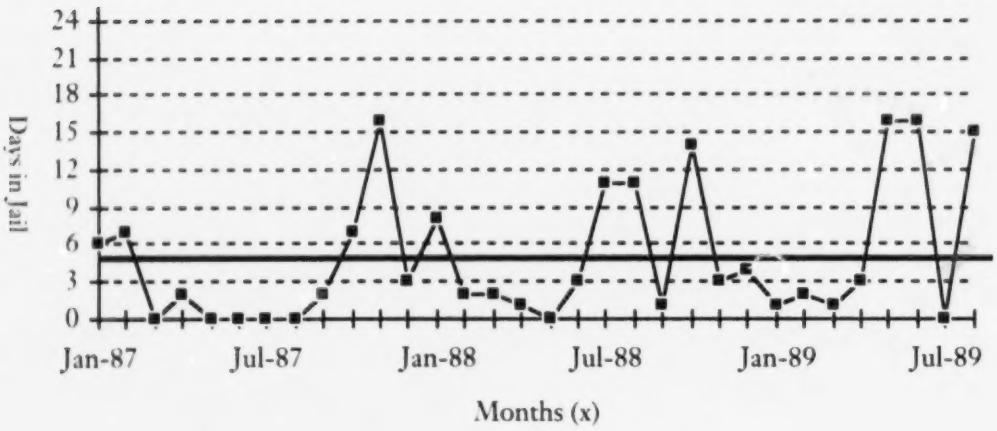
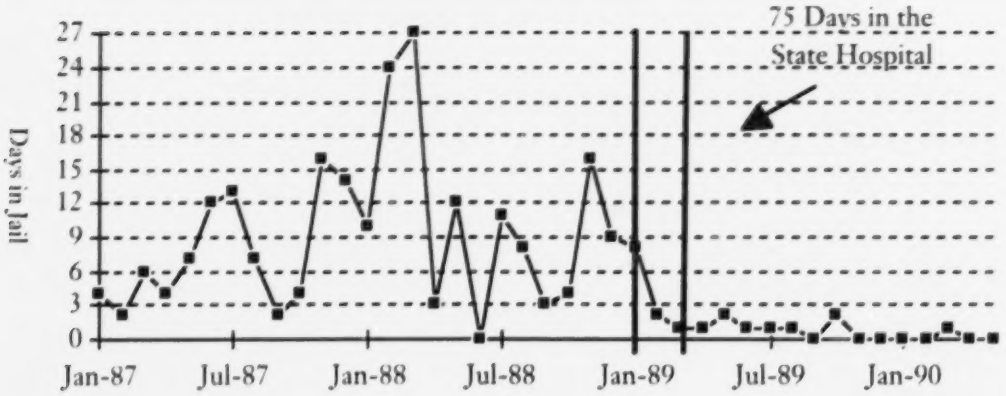


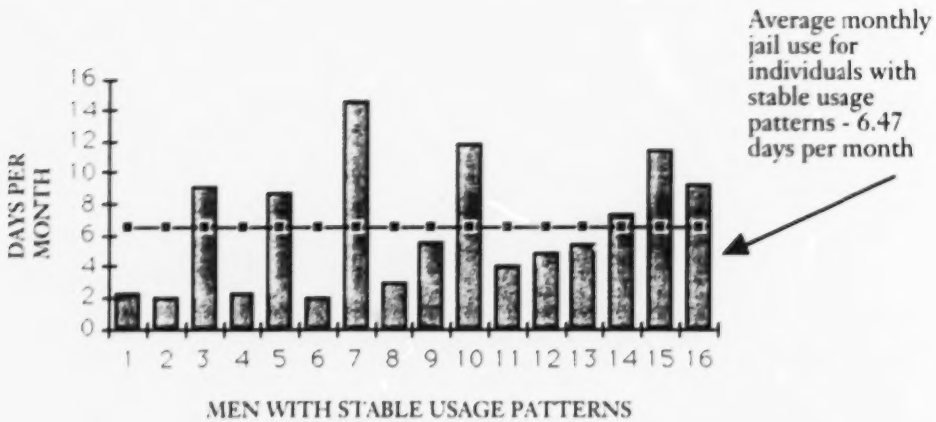
Figure 2b
Stable Monthly Jail Use Followed by a Subsequent Decrease after Intensive Inpatient Psychiatric Care



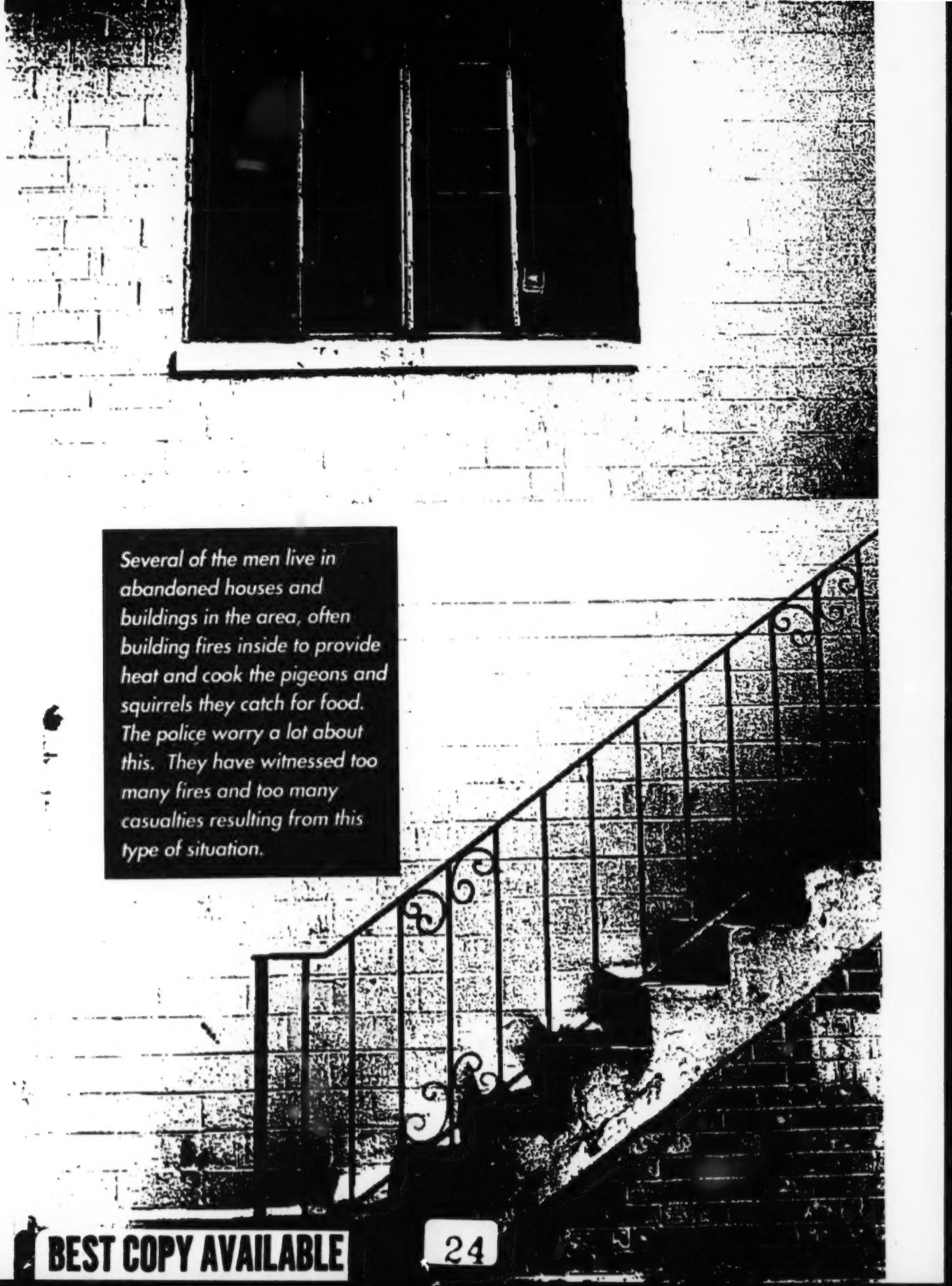
ized by this type of pattern, far more than would be expected if there were an equal likelihood of decreasing, increasing or stable patterns of use[5]. The fact that a zero slope characterizes so many of these individuals' jail usage indicates much stability over time. These men appear to find a level of usage and maintain it until something intervenes to change it.

Figure 3 shows the average number of days spent in jail per month by the men with this stable usage pattern. As seen in the chart, average monthly usage varied considerably among the men. When the overall average for these 16 men is considered, however, it shows that each spent about one week out of every four in jail. Since most jail stays are for one day or less per arrest, these numbers represent not only a lot of jail time, but many police hours to process these arrests.

Figure 3
Average Number of Days Spent in Jail per Month for Those with Stable Usage Patterns



Another fact found in the data across time is that many gaps exist—periods of time in which no service use could be documented for the individuals in the study. Perhaps a person just left



Several of the men live in abandoned houses and buildings in the area, often building fires inside to provide heat and cook the pigeons and squirrels they catch for food. The police worry a lot about this. They have witnessed too many fires and too many casualties resulting from this type of situation.

BEST COPY AVAILABLE

town for a while, maybe he was receiving care from a service provider that had not been approached for information, or perhaps the information was unavailable because of confidentiality concerns. Whatever the cause of the gaps, one thing that can be assumed is that the probability of discontinued chemical use during these periods of time is quite low and thus the cost estimates for service use are probably quite low. The number of months in which service use could be traced ranges from 9 to 31, and almost half of the men in the study are missing one full year of data scattered throughout the two and one-half year period. Thirteen of the men had one or more gaps that were three months or longer. When the cost of service use per month was calculated using the 31 months of the study period as the denominator, the median cost per month was $779.00, compared to a median cost of $1207.00 when the monthly cost was calculated using only those months in which there was known contact with a service agency as the denominator.

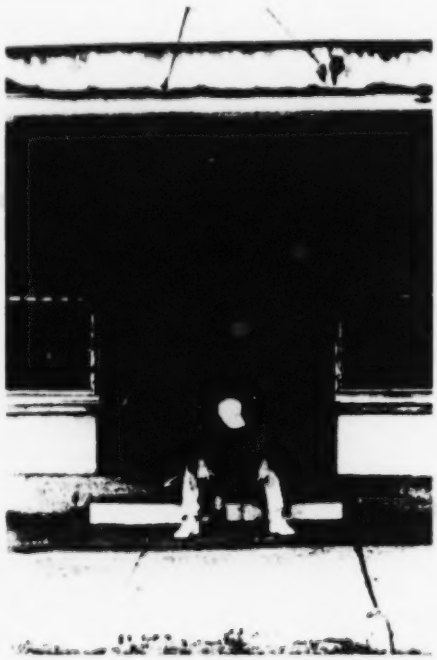
Other patterns of interest include cost and use differences by ethnic group, educational level, veteran's status, and place of birth and age. Given that the sample size is small and unevenly divided among the various groups of interest, the power to detect significant differences is limited. Therefore, it was not surprising when only a few of the statistical tests revealed significant results. However, some intriguing differences and relationships were found.

The seven veterans in the group had, on the average, a significantly higher total jail cost ($34,914) than did the nonveterans ($16,310). Also, the average total jail cost per native Texan in the sample ($16,164) was significantly lower than for those individuals who were born elsewhere ($30,975). Ethnic differences in jail cost

BEST COPY AVAILABLE

approached significance, with African Americans having a higher average jail cost ($37,249) than either Anglos ($16,471) or Hispanics ($18,766). All other tests on mental health cost, health cost, and number of services used showed nonsignificant differences for the various groups given above.

The number of health care episodes was positively correlated with age, as was the number of nights spent in homeless shelters, indicating that the older men were seeking health care more frequently and were also likely to use the shelters more often. Average jail cost (calculated as cost per episode) was negatively correlated with age, showing that the younger men had more costly stays in the jail on the average. Age did not relate to any of the other demographic variables, however.

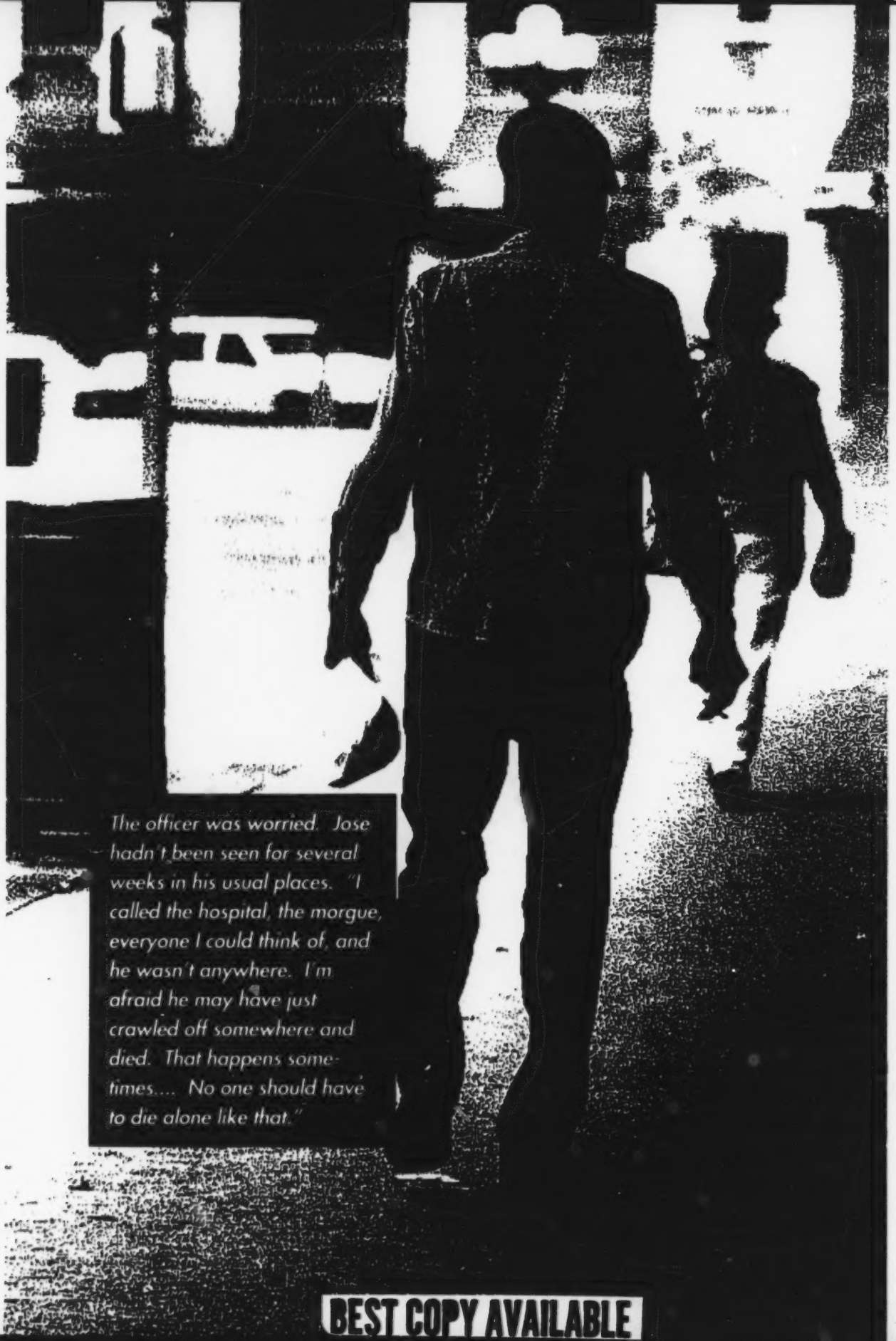


Another question which was addressed was whether the high users in one system of care were also the high users in the others. Median splits were done on total cost as well as on jail, health and mental health costs. The groups were then cross-tabulated by high and low categories on each. Jail and total costs were found to relate positively. All other relationships were found to be independent, however, indicating that although jail costs are the major contributor to the overall dollars spent, an individual with high jail or total cost may or may not have high expenditures for health or mental health services.

Discussion

Although the research has thus far focused on the documentable financial impact associated with the care of these individuals, it is important to keep sight of the enormous personal costs extracted through the actions of these men and society's reactions to them.

BEST COPY AVAILABLE



The officer was worried. Jose hadn't been seen for several weeks in his usual places. "I called the hospital, the morgue, everyone I could think of, and he wasn't anywhere. I'm afraid he may have just crawled off somewhere and died. That happens sometimes.... No one should have to die alone like that."

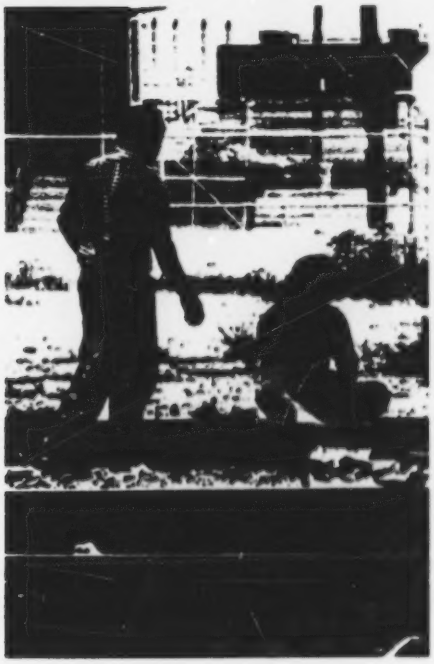
BEST COPY AVAILABLE

There is not one instance in which these men came into contact with a service system that other human beings were not involved in their getting there or staying there.

Although the crimes these men commit usually are minor, they are seldom minor to the individuals against whom they are directed. There can be several unfortunate effects when tourists are harassed for money on the street, sometimes in a very threatening manner. One of the men in the study is well over six feet tall and is known to beat on car windows and doors until the occupant gives him money—an ordeal for anyone. Another danger arises when a person approached in this manner refuses to cooperate. This is a potentially explosive situation! As reflected elsewhere, the likelihood of a violent, unpredictable outburst is quite high with these persons. A longer lasting effect resulting from incidents such as these is that the person who has been approached may thereafter avoid the city or part of the city in which he or she was accosted. If this happens frequently, tourism—which is a major industry in that area of the city—may be adversely affected, thereby extracting yet another impossible-to-determine cost.

The individuals chosen for this study were selected by the police because of their frequent arrests and their potential for violence-related behaviors. The data all confirm that this risk of violence is real and that current interventions are not reducing this risk much, if at all. Several of the younger men were hospitalized during the study period for serious stab wounds received in fights. Also, a review of the charts in the medical facilities revealed that all of the older men in the study had scars that were related to either knife or gunshot wounds, indicating that violence is and has been reasonably common among these men. Outpatient health care was often needed to repair injuries received in fights, as well. In addition to the violence associated with fights, one of the group has recently been arrested for arson in which an apartment complex was involved. No one was physically hurt in the fire, but four apartments were damaged at an estimated cost of $60,000. It would seem that the social and actual costs are high when the approach to treatment and rehabilitation fails.

It is difficult to determine the other consequences of these violent behaviors. Nothing is known about the other players in the knife battles that led to hospital stays of one and two months for the men in this study. And what about the police who must often control the violent outbursts that are so often exacerbated by the effects of alcohol or other substances? In addition to the potential for injury, the amount of time used by the police to arrest these men on the various offenses is considerable. The police estimate that it takes about three staff hours to arrest and process one individual charged with public intoxication.



The data confirm that the men often posed a potential danger to themselves as well as to others. Many injuries resulted from behaviors that clearly placed each person at risk, such as sleeping in a dumpster and walking in traffic. One man was retrieved by the police after falling asleep on an active railroad track. Another of the men has frequently been admitted to the State Hospital with self-inflicted cuts all over his arms. One older man in the sample has subsequently drowned in the San Antonio River — it was ruled an accident.

Many of the results presented above raise more questions than answers. Because of the nature of the sample, any generalizations must be made with extreme caution. It is curious, however, that the African Americans in the sample required so little health care compared to the other ethnic groups. Other research has shown that African Americans are not naturally healthier (21) or less violent (22,23). But they do tend to receive less adequate health care in general (24). Could it be that they are being treated differently — by different systems — for the same problems? For many of the emergency room visits in the study, the individual was brought into the hospital by the police. Are

BEST COPY AVAILABLE

African Americans more likely to be taken to jail directly and treated there rather than to the county hospital? Given that African Americans in the sample also accounted for significantly more of the jail cost than the other ethnic groups, this may in fact be so. Other research has shown that African Americans are over represented in the prisons and jails across the country (25). In fact, 20 percent of all African-American males can be expected to spend some time in prison or jail in their lifetime (25).

Along the same line, why would veterans in the group have a significantly higher jail cost than the nonveterans? Without any information on where they served or even the military branch in which they served, it is impossible to explain the differences. One factor for consideration is that most of the veterans served during the Vietnam conflict. Could their military training contribute to higher risk of violent or aggressive action resulting in more extensive incarceration? Could their exposure to military conflict heighten familial patterns of violent behavior? Knowing whether they saw combat or not might add some valuable information.

A similar problem arises when differential jail costs are examined between the native Texans and the nonnatives. This difference does not appear to be related to ethnicity or age. Without additional information, and because of the nonrandomness of the sample, it is impossible to know if these are meaningful differences or just chance fluctuations.

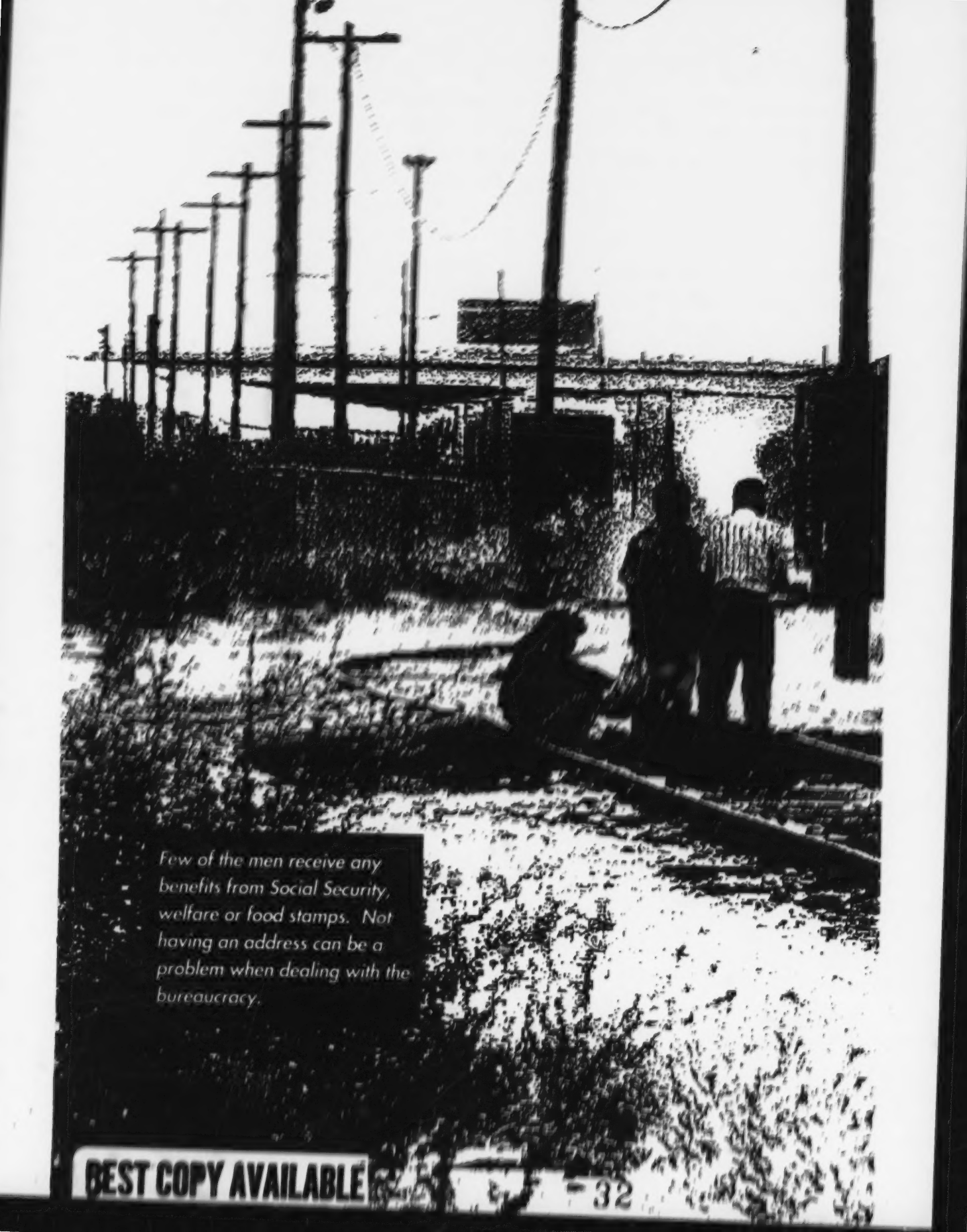
There are many gaps in the information that is available about these men. In fact, one of the primary limitations of the study was that it relied entirely on archival data, enhanced by a few interviews with professionals who knew some of the men. Social histories were pieced together from the records of various institutions, and these are not at all complete.

Gaps in service use are unexplained for the most part. However, several explanations are possible. Perhaps the person changed his lifestyle sufficiently and no longer needed medical help, no longer committed crimes, no longer required public shelters or other services. If this is the case, the question that arises is why this occurred, and, if service use reoccurred at a later time, what

happened to cause this reversal. Another explanation is that the individual used services during that time that were not documented in this study. In one instance, it is known that an individual was sent to an alcohol rehabilitation program from the county hospital, but that agency was not able to release any information for the study. In two other cases, individuals were treated for periods of time at the VA hospital, but the hospital was unable to say which of the men received the services. It is only known that these men were among the group of seven veterans. Yet another explanation for a service gap is that the person left town for a while. According to the local police, this may explain several of the gaps for a couple of the men.

More complete information on the educational level and family history of the men in the study could be valuable. From the data that are available, it seems that most of these men are poorly educated and unskilled, both traits that place them at risk of failure in today's society. Several also came from families that were disrupted by poverty, death, and divorce early in their lives. Research has shown that among nonschizophrenic men, use of substances and early history of family disruption are predictive of future violence (26). Given that risk of violence was a prerequisite for being included in the study, it would be worthwhile to see how common this family pattern is for the entire group. Clearly this might be important information, especially for those involved in implementing prevention-oriented programs.

Additional diagnostic data on these men would also be helpful. Almost half have no psychiatric diagnosis either because they did not receive treatment from the mental health system or because they left treatment prior to determination of a diagnosis. Of those 13 men with psychiatric diagnoses, most were singly diagnosed as alcohol abusers. One has to wonder, however, if men with these extreme behavior patterns are simple alcoholics. It might be that many of these individuals are among the group of "young adult chronics" — a group that is no longer necessarily "young" and which appears to share many characteristics with these men: marginal existence, substance abuse problems and non-involve-



Few of the men receive any benefits from Social Security, welfare or food stamps. Not having an address can be a problem when dealing with the bureaucracy.

BEST COPY AVAILABLE

ment in ongoing treatment (27). Studies have shown that intervening substance abuse makes obtaining an accurate diagnosis of underlying psychiatric problems quite difficult (27, 28) since the symptoms initially may be quite similar and/or overlap. An accurate diagnosis, however, is essential to providing proper treatment, and it is possible that this is one of the links missing in the care received by these men from the mental health system when their encounters with that system are brief and primarily focused on detoxification.

Conclusions

Although the amount of money spent on the care of this small sample of men is quite large, it is the way in which it is spent that is most telling. Thirteen thousand dollars a year is a lot of money to spend to enable each of these men to maintain a marginal, often dangerous, lifestyle. For example, one of these men at the age of 67 spent about two nights a month during the study period sleeping in the county hospital emergency room. He would arrive in the early evening complaining of an ache or a pain. The appropriate tests were run and he was usually discharged in the morning, having spent the night and received a meal. In that the tests and evaluations were consistently negative, a much less expensive room and board alternative could have been found than one provided through an already stressed metropolitan area emergency room. The amount of $2670 used monthly to support another of these men, mainly in jail, would come close to paying the salary of a full-time police officer. This man has often been arrested three times in a single day.

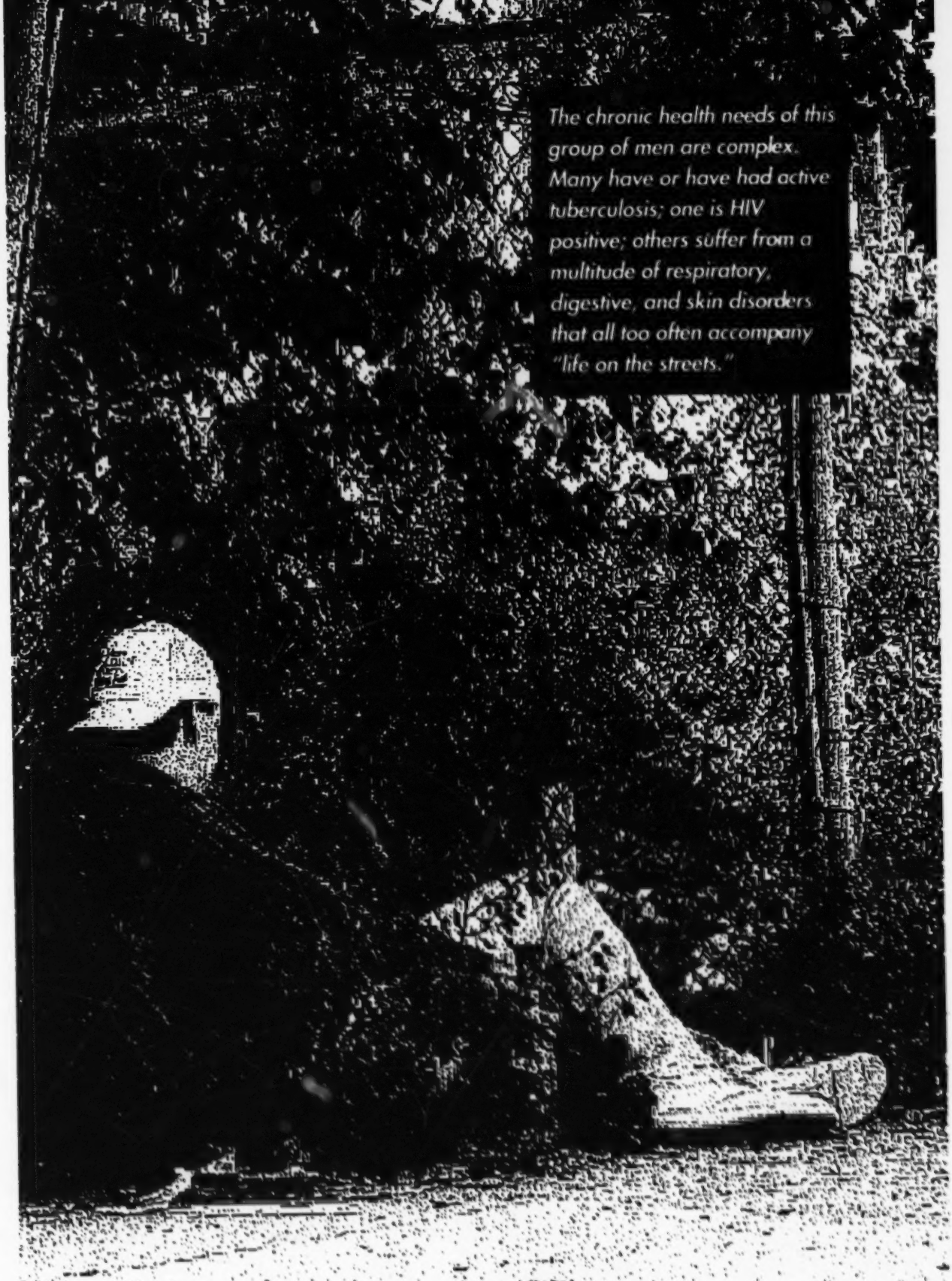
The patterns of use for most of these men are persistent over time. They vary a little by season, a little by service, but for the most part they persist. Little of what is being done currently to address the problem of this group of men seems to be having much impact. In fact, a preliminary look at the data indicates that the best predictor of future arrest is the number of prior arrests. This is not a surprising fact, but it is discouraging, if change is what is

intended. This same preliminary look does reveal some hope, however, in that the level of arrests does appear to decrease somewhat for those individuals who have undergone inpatient psychiatric treatment for their alcohol problems (29). Follow-up studies are being undertaken to evaluate this further.

Overall there is a need for more collaborative and integrated community efforts in planning and implementing the intervention, care, and rehabilitation required by this type of high-use/high-risk client if anything close to continuity of care and effective intervention is to be achieved in the community. The presenting problems are chronic in nature and difficult to treat, and they impact every facet of these individuals' lives. Studies have shown that arrest alone does not significantly change the behavior of these individuals, while coordinated care involving residential treatment and access to support services has some limited success (30). Since the problems exhibited by these individuals involve all aspects of their lives, it is unrealistic to suppose that an intervention on one isolated area will have much impact on the total problem.

Through their behavior, the men themselves are stating that their needs are multidimensional. Given their somewhat limited options, they choose to utilize many different services as they experience life's difficulties. In fact, they often make use of several service agencies in a single day, leading to much duplication of effort and inefficient use of limited community resources. What is being provided in many ways is a "nonsystem" of care – quite costly to the taxpayers and to the clients whose needs are being met only minimally within the current system. The public's reactive response to their behaviors is not constructively addressing either the clients' underlying condition or needs.

BEST COPY AVAILABLE



The chronic health needs of this group of men are complex. Many have or have had active tuberculosis; one is HIV positive; others suffer from a multitude of respiratory, digestive, and skin disorders that all too often accompany "life on the streets."

BEST COPY AVAILABLE

What is needed is a system of care that specifically addresses the multidimensional needs of this group of high-risk individuals in the community. Leona Bachrach has spoken of several planning principles for treatment of the mentally ill in the community, and several of them seem particularly relevant here. A system, to be effective, must have precise goals and objectives that are related to the needs of the persons being served, agencies involved in the treatment should be linked and cooperate with one another, treatment should be individualized, and information should be available about the needs of the clients and available services (31).

If the primary goal of the law enforcement community is to remove these men permanently from the streets, doing it in four-hour jail stays, often several times a day, seems particularly dysfunctional. Hoping that they will leave the downtown area and do their drinking elsewhere avoids the issue of their potential for violence. That threat is not going to disappear because they are no longer in a certain section of the city.

The public mental health system and/or the alcohol and drug abuse intervention system must decide if they are going to expend the time and money necessary to treat these individuals in a coordinated way. With current policies favoring community care, strong links, for this group especially, must exist between the inpatient psychiatric facilities, the community mental health center, and the local chemical dependency programs if rehabilitation is to be effective. It does little good for the State Hospital and the client to invest efforts in detoxification and treatment when the person is discharged to a waiting list from the community-based mental health or chemical dependency service systems.

Currently little evidence exists of any coordinated multiagency system of care for this high-risk group of individuals. Their behavior remains fairly constant over time, despite the best efforts of the individual service agencies involved in their care. Before interventions can be effective, change must occur at all levels within the system. The legal system must address the thorny issues of individual rights versus the rights of society in mandating care for this treatment-resistant group. The community-based mental

health and chemical dependency systems must coordinate their care with the residential programs. Police need alternatives to short-term incarceration for those individuals continuously involved in minor crimes. Interventions must address the range of problems and deficits experienced by this group of people. Housing and income support are essential, as are education and vocational rehabilitation services. Detoxification, law enforcement intervention, and mental health services do not appear to be effective as currently constituted to return these high-risk, recidivistic persons to productive lives in the community.

---

1 Lt. Rudy Vernon of the San Antonio Police Department's Downtown Foot Patrol surveyed officers in his unit to obtain the subsequent list of individuals to be followed in this study.

2 The seventeenth agency reporting data to the study was the County Health Department. Because its information overlapped with that provided by the jail and related to the detoxification program, it is not included here.

3 Linear regression was used to model the data and provide a line of best fit. For this procedure, jail days served as the dependent variable (y) and time was the independent variable (x). The slope of the line was used to characterize the stability of the data - if the slope was not statistically different from zero, the data were considered to be stable.

4 The data were examined for the presence of autocorrelation among the residuals. Although five of the series did exhibit evidence of autocorrelation, for purposes of these preliminary descriptive analyses, transformations were not attempted. It is understood that the regression lines and resulting parameter estimates may be biased somewhat by the presence of this autocorrelation, and conclusions should therefore be considered suggestive rather than conclusive.

5 Test statistics for analyses in this section and their resulting probabilities are available to interested readers on written request.

REFERENCES

1. Havassy, B.E., & Hopkin, J. T. (1989). Factors predicting utilization of acute psychiatric inpatient services by frequently hospitalized patients. *Hospital and Community Psychiatry, 40* (8), 820-823.

2. Morin, R. C., & Seidman, E. (1986). A social network approach and the revolving door patient. *Schizophrenia Bulletin, 12* (2), 262-272.

3. Surber, R. W., Winkler, E. L., Monteleone, M., Havassy, B. E., Goldfinger, S. M. & Hopkin, J. T. (1987). Characteristics of high users of acute psychiatric inpatient services. *Hospital and Community Psychiatry, 38* (10), 1112-1114.

4. Taube, C. A., Goldman, H. H., Burns, B. J. & Kessler, L. G. (1988). High users of outpatient mental health services, I: Definition and characteristics. *American Journal of Psychiatry, 145* (1), 19-24.

5. Nimmer, R. T. (1971). *Two Million Unnecessary Arrests.* American Bar Association: Chicago.

6. Rodin, M. B., Pickup, L., Morton, D. R., & Keatinge, C. (1986). Gimme shelter: Perspectives on chronic inebriates in detoxification centers. In D. L. Strug, S. Priyadarsini, & M. M. Hyman (Eds.), *Alcohol interventions: Historical and sociocultural approaches* (pp.81-96). New York: Haworth Press.

7. Adler, D. A., Drake, R. E., Berlant, J., Ellison, J. M., & Carson, D. (1987). Treatment of the non-psychotic chronic patient: A problem of interactive fit. *American Journal of Orthopsychiatry, 57* (4), 579-586.

8. Bachrach, L. L., Talbott, J. A., & Meyerson, A. T. (1987). The chronic psychiatric patient as a "difficult" patient: a conceptual analysis. In A. T. Meyerson (Ed.), *Barriers to treating the chronic mentally ill* (pp.35-50). San Francisco: Jossey-Bass.

9. Goldfinger, S. M., Hopkin, J. T., & Surber, R. W. (1984). Treatment resisters or system resisters?: Toward a better service system for acute care recidivists. In B. Pepper, & H. Ryglewicz (Eds.), *Advances in treating the young adult chronic patient.* San Francisco: Jossey-Bass.

10. Holcomb, W. R., & Ahr, P. R. (1987). Who really treats the severely impaired young adult patient? A comparison of treatment settings. *Hospital and Community Psychiatry, 38* (6), 625-631.

11. Holcomb, W. R. & Ahr, P. R. (1988). Arrest rates among young adult psychiatric patients treated in inpatient and outpatient settings. *Hospital and Community Psychiatry, 39* (1), 52-57.

12. Pepper, B. & Ryglewicz, H. (1984). The young adult chronic patient: A new focus. In J. A. Talbott (Ed.), *The chronic mental patient: Five years later.* Orlando: Grune & Stratton.

13. Young, T. J. (1989). Indigent alcoholics on skid row. In G. W. Lawson & A. W. Lawson (Eds.), *Alcoholism & substance abuse in special populations* (pp.305-313). Rockville: Aspen.

14.Vernon, R. (1990, January). [Interview with Lt. Rudy Vernon, San Antonio Police Department, Downtown Foot Patrol, January 30, 1990].

15.Richardson, M.A., & Thomas, J. C. (1985). Treatment patterns of young chronic schizophrenic patients in the era of deinstitutionalization. *Psychiatric Quarterly*, 57 (2).

16.Fox, K. (1988, March 3). Suspect plagued by mental woes. *San Antonio Express News.*

17.Moulder, J. (1988,April 27). Sources: Arson suspect mentally ill. *San Antonio Express News.*

18.Henneberger, M. (1988, January 27). Williams' mental state recounted. *Dallas Morning News.*

19.Dallas Morning News. (1989). *1990-91 Texas Almanac.* Dallas: A.H. Belo.

20.Vernon, R. (1990, March). [Interview with Lt. Rudy Vernon, San Antonio Police Department, Downtown Foot Patrol, March 29, 1990].

21.Keith, V. M., & Smith, D. P. (1988). The current differential in black and white life expectancy. *Demography, 25* (4), 625-632.

22.Mitchell, M. A., & Daniels, S. (1989). Black-on-black homicide: Kansas City's response. *Public Health Reports, 104* (6), 605-608.

23.Sheley, J. F. (1985). *America's "crime problem": An introduction to criminology.* Belmont, CA: Wadsworth.

24.Feagin, J. R. (1986). *Social problems: A critical power-conflict perspective.* Englewood Cliffs, NJ: Prentice-Hall.

25.Clear, T. R., & Cole, G. F. (1986). *American corrections.* Pacific Grove, Ca.: Brooks/Cole.

26.Klassen, D., & O'Connor, W. A. (1988). Predicting violence in schizophrenic and non-schizophrenic patients: A prospective study. *Journal of Community Psychology, 16,* 217-227.

27.Ridgely, M. S., Goldman, H. H., & Talbott, J. A. (1986). *Chronic mentally ill young adults with substance abuse problems: A review of relevant literature and creation of a research agenda.* (Mental Health Policy Studies) Baltimore: University of Maryland School of Medicine, Department of Psychiatry.

28.Kofoed, L. Kania, J., Walsh, T., & Atkinson, R. M. (1986). Outpatient treatment of patients with substance abuse and coexisting psychiatric disorders. *American Journal of Psychiatry,* 143 (7), 867-872.

29.Diamond, P. M. (1991, April). Mental health care and jail use: A preliminary impact assessment. Paper presented at the meeting of the Southwestern Psychological Association, New Orleans, LA.

30.Bloom, J. D., Bradford, J. M., & Kofoed, L. (1988). An overview of psychiatric treatment approaches to three offender groups. *Hospital and Community Psychiatry, 39* (2), 151-158.

31.Bachrach, L. L. (1983). New directions in deinstitutionalization planning. In: L.L. Bachrach (Ed.), *Deinstitutionalization* (pp.93-106). San Francisco: Jossey-Bass.

APPENDIX

Estimated Costs for Services used by the 21 Men in the Sample from January 1, 1987 through July 31, 1989

Service System:	*Number of Men Using Service*	*Number of Episodes* [a]	*Cost*
CRIMINAL JUSTICE:		**1399**	**$472,762.00**
City Jail	20	652	$140,540.00
County Jail	21	420	$213,759.00
Public Inebriate Program	15	326	$113,105.00
State Prison	1	1	$5358.00
HEALTH CARE:		**222**	**$125,126.00**
County Hospital			
Outpatient	5	11	$614.00
Emergency	13	107	$10,411.00
Inpatient	5	9	$68,388.00
Health care for the Homeless	11	51	$2,263.00
State Chest Hospital	1	1	$4,939.00
Trauma Center Hospital	1	1	$25,484.00
Veterans' Hospital			
Outpatient	2	11	$1,130.00
Inpatient	2	3	$7,600.00
Emergency Medical Services	13	28	$4,297.00
MENTAL HEALTH CARE:		**187**	**$60,425.00**
State Hospital	7	15	$39,700.00
Community Mental Health Center	15	170	$19,885.00
Alcohol Rehabilitation Center	2	2	$840.00
SHELTER AND BASIC LIFE SUPPORT:		**690**	**$35,978.00**
Overnight shelter # 1	13	324	$2,268.00
Overnight shelter # 2	5	148	$740.00
Social Security benefits	3	93	$32,970.00
Employment Services	8	125	N/A
GRAND TOTAL			**$694,291.00**

SOURCES OF COST ESTIMATES

CRIMINAL JUSTICE COSTS

City Jail - Public Intoxication Arrest [b]	Costs were estimated as a function of four hours of jail time and three hours of police time per arrest.
Bexar County Jail [c]	Costs were estimated as a function of actual time spent in jail, three hours of police time per arrest, and an additional charge for the paperwork associated with the type of criminal charges filed.
Bexar County Public Inebriate program [d]	Costs were based on the number of hours spent in the program and an estimated three hours of police time per arrest.
Texas Department of Corrections [e]	Costs were estimated based on the number of actual days spent in the general population of the prison facility.

HEALTH CARE COSTS

Bexar County Hospital District [f]	Individual charges per client were provided.
Health care for the Homeless [g]	Individual charges per client were provided.
State Chest Hospital [h]	Individual charges per client were provided.
Veterans' Hospital [i]	Estimates were made for each episode.
Trauma Center Hospital [j]	An estimate was made for this episode.
Emergency Medical Services [k]	Individual charges per client were provided.

MENTAL HEALTH COSTS

San Antonio State Hospital [l]	Daily costs associated with specific hospital units were used to figure the cost of hospitalization. Court costs associated with the various commitment procedures were added as appropriate.
Bexar County Community Mental Health and Mental Retardation Center [m]	Individual charges per client were provided.
Alcohol Rehabilitation Center [n]	Individual charges per client were provided.

SHELTER AND BASIC LIFE SUPPORT

Overnight Shelter # 1 (SAMM's)[o]	Individual charges per client were provided.
Overnight Shelter # 2 (Salvation Army)[p]	Individual charges per client were provided.
Social Security[q]	Individual Social Security records were checked for benefit information - both SSI and SSDI.
Employment Services[r]	Information was only available on contacts and referrals. No cost figures were estimated.

---

a. Episodes are defined as any *single* contact with a given service provider and as such may range from a contact of less than an hour for a clinic visit to contacts lasting over a month for an inpatient stay in a hospital.

b. This information was provided by Lt. Rudy Vernon of the San Antonio Police Department.

c. The information on County Jail cost was provided by Dr. John Sparks, director of the Bexar County Medical/Psychiatric Department. The information on estimated police time for paperwork to process the various charges was provided by Lt. Rudy Vernon, SAPD.

d. Estimates for cost of services provided by the Bexar County Mental Health and Mental Retardation Center were provided by Manuel A. Gonzales, Budget Analyst III of the Bexar County MHMR Center.

e. An estimate of the cost of one day in the general population of the Texas Prison System was obtained from: Texas Department of Corrections, *Transferring Special Needs Offenders to Community-Based Programs* (Huntsville, 1989).

f. Information on charges for various services which were received by the individuals in the study were obtained from computerized records maintained in the Bexar County Hospital District. These were provided by Christine L. Portis, R.R.A., Director of Medical Record Administration.

g. Information on the costs of the various services used by the people in the study was provided by Juan Azua of Centro Del Barrio, Inc. Medical charts at the two clinic locations were reviewed to ascertain which services were actually received by the individuals in the study.

h. Information on costs associated with inpatient treatment at the County Chest Hospital was provided by Doug Riley, administrative resident.

i. The Veterans' Administration provided data in aggregate form across all subjects. Since specific information by subject was not available for this study, and information on type of service was not able to be released, costs could only be estimated very roughly. The public information office of the hospital provided a list of per diem charges for the various units in the hospital as well as the charges typically made for outpatient and dental care. These numbers, in conjunction with the aggregate information on services provided, were used to estimate the costs.

j. One of the individuals in the study was identified as having been treated in a local military hospital based on information obtained from his records at the Bexar County Metropolitan Hospital. Dates of his hospitalization were known from the county hospital records as well. The military hospital was unable to release any client specific information but did provide an estimate of the charges associated with care in their medical/surgical unit. This per diem charge was used in conjunction with the known length of stay for the individual treated at this hospital to obtain the estimated costs associated with his care at this facility.

k. Charges for transportation and services were provided by Chief Neal Nye, San Antonio Fire Department, by client, by episode. This information was not maintained by EMS by date of service, only by year. On several occasions, however, it was possible to pool the yearly information provided by EMS with information from the county hospital charts which indicated that an individual had been transported by EMS and associate a given charge to a date.

l. The information on hospital costs was obtained from Texas Department of Mental Health and Mental Retardation (TDMHMR). Information on court costs associated with the various commitment types was provided by Manuel Vara, Bexar County Mental Health Officer.

m. Estimates for cost of services provided by the Bexar County Mental Health and Mental Retardation Center were provided by Manuel A. Gonzales, Budget Analyst III of the Bexar County MHMR Center.

n. Don Sheffield provided computerized records of all admissions and estimated costs of services.

o. Use of the shelter was confirmed from nightly registration records. Dennis Dugan, the director of the San Antonio Metropolitan Ministries shelter, provided an estimate of their nightly cost for services.

p. Use of the shelter was confirmed from nightly registration records. Erma Escamilla of the Salvation Army Shelter provided an estimate of the nightly cost for services.

q. Information about benefits was requested from the Social Security Administration using the various Social Security numbers issued to the individuals in the study. Only one of these individuals was shown to be receiving benefits through this search. Two others in the study, however, were determined to be recipients of Social Security benefits based on information from their case managers.

r. The Texas Employment Commission provided computerized information on contacts made with that agency and any job referrals which were made. Oscar Ford, Jr., the manager of the Southpark Office in San Antonio, provided interpretation of these records.